STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services – Water & Waste Permits Division
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-3050

PERMIT APPLICATION

FOR

THE USE OR DISPOSAL OF SEWAGE SLUDGE (BIOSOLIDS)

IN

LOUISIANA

Form_7111_r01
12/19/05

INSTRUCTION SHEET

(READ ENTIRE INSTRUCTIONS CAREFULLY)

NOTE: Portions of this Permit Application can be filled out directly from a computer. Embedded "Macros" will allow you to make selections and also activate links to other Sections of the application. However, if you intend to utilize a computer to enter information, the embedded "Macros" must be "enabled". If you are unable to enter requested information or make selections or if the links do not work, you will have to perform the following:

1. **Click "Tools" on your MSWord Toolbar.**
2. **Click on "Options".**
3. **Click on the "Security" Tab.**
4. **Click on "Macro Security" box (usually at the bottom right of the "Security" window.).**
5. **Set the security to "Medium".**
6. **Close this Document.**
7. **Reopen this Document and click on "Enable Macros" in the box that pops up when the Document opens on your computer.**

A. Who Should Apply

1. **Any person who compost, treats, or prepares sewage sludge or a material derived from sewage sludge, including but not limited to Publicly Owned Treatment Works, Privately Owned Sanitary Wastewater Treatment Facilities, and Commercial Preparers (includes the dewatering and solidification of sewage sludge);**
2. **Any person who applies sewage sludge or a material derived from sewage sludge to the land;**
3. **Any person who prepares sewage sludge, including dewatering and solidification, that is disposed in a Municipal Solid Waste Landfill;**
4. **The owner/operator of a sewage sludge incinerator; and,**
5. **The owner/operator of a surface disposal site.**

B. Where to Submit and Number of Copies

If you or your company fits any of the "**Who Should Apply**" in "**A.** above, you will need to completely fill out this application and submit **one** (1) "**original**" and **two** (2) '**copies**" to the following address:

Louisiana Department of Environmental Quality
Office of Environmental Services
Water & Waste Permits Division
P.O. Box 4313
Baton Rouge, Louisiana 70821-4313

NOTE: If the "original" contains any colored or color-coded maps, schematics, drawings, etc., the two "copies" shall also be provided with the colored or color-coded maps, schematics, drawings, etc.

C. Definitions

Beneficial Use - **using sewage sludge or a material derived from sewage sludge or domestic septage for the purpose of soil conditioning or crop or vegetative fertilization in a manner that does not pose adverse effects upon human health and the environment or cause any deterioration of land surfaces, soils, surface waters, or groundwater.**

Commercial Preparer or Land Applier of Sewage Sludge - **any person who prepares or land applies sewage sludge or a material derived from sewage sludge for monetary profit or other financial consideration and either the person is not the generator of the sewage sludge or the sewage sludge was obtained from a facility or facilities not owned by or associated with the person.**

Exceptional Quality - **sewage sludge or a material derived from sewage sludge that meets the ceiling concentrations in Table 1 of LAC 33:IX.6903.D, the pollutant concentrations in Table 3 of LAC 33:IX.6903.D, the pathogen requirements in LAC 33:IX.6909.C.1, one of the vector attraction reduction requirements in LAC 33:IX.6909.D.2.a-h, and the concentration of PCBs of less than 10 mg/kg of total solids (dry weight).**

Grease - **a material either liquid or solid, composed primarily of fat, oil, or grease from animal or vegetable sources. The terms *fats oils and grease*, *oil and grease* and *oil and grease substances* shall all be included within this definition.**

Land Application - **the beneficial use of sewage sludge, a material derived from sewage sludge, or domestic septage by either spraying or spreading onto the land surface, injection below the land surface, or incorporation into the soil.**

Non-exceptional Quality – **sewage sludge or a material derived from sewage sludge that lacks one or more of the criteria needed to meet** *Exceptional Quality*.

Owner or Operator of a Sewage Sludge Incinerator – **the owner or person who fires sewage sludge in an incinerator.**

Person Who Prepares Sewage Sludge— **the person who generates sewage sludge during the treatment of domestic sewage in a treatment works, the person who treats sewage sludge, or the person who derives a material from sewage sludge.**

Private Land Applier – **the person who land applies sewage sludge or a material derived from sewage sludge for private benefit purposes and the land application is not for monetary profit or other financial consideration and either the person did not generate or prepare the sewage sludge or a material derived from sewage sludge or the facility or facilities where the sewage sludge or a material derived from sewage sludge was obtained is not owned by or associated with the private land applier.**

Privately Owned Sanitary Wastewater Treatment Facility (*POSWTF*) – **a privately owned treatment works that is utilized to treat sanitary wastewater and is not a** *Publicly Owned Treatment Works (POTW)*.

Publicly Owned Treatment Works (POTW) - **a treatment works, as defined by Section 212 of the Clean Water Act, that is owned by a state or municipality [as defined by Section 502(4) of the Clean Water Act]. This includes any devices and systems used in the storage, treatment, recycling, and reclamation of municipal sewage or industrial wastes of a liquid nature. It includes sewers, pipes, and other conveyances only if they convey wastewater to a *POTW*; and the municipality [as defined by Section 502(4) of the Clean Water Act] that has jurisdiction over the indirect discharges to and the discharges from such a treatment works.**

Qualified Ground Water Scientist - **an individual with a baccalaureate or post-graduate degree in the natural sciences or engineering who has sufficient training and experience in ground-water hydrology, subsurface geology, and/or related fields, as may be demonstrated by state registration, professional certification, or completion of accredited university programs, to make sound professional judgments regarding ground-water monitoring, pollutant fate and transport, and corrective action.**

Surface Disposal - **the use or disposal of sewage sludge that does not meet the criteria of *land application* as defined in this Subsection. This may include, but is not limited to, ponds, lagoons, sewage sludge only landfills (monofills), or landfarms.**

To Store, or Storage of Sewage Sludge - **the temporary placement of sewage sludge on land.**

To Treat, or Treatment of, Sewage Sludge—**the preparation of sewage sludge for final use or disposal. This includes, but is not limited to, blending, mixing, composting, thickening, stabilization, and dewatering & solidification of sewage sludge. This does not include storage of sewage sludge**.

D. Explanation of How to Utilize and Complete the Application

I. Information can be entered directly from a computer for parts of this application and other parts will require the attachment of material that may or may not be generated directly off of the computer (i.e. maps, schematics, drawings, soil descriptions, laboratory analysis, etc.).

II. The application contains sections that will require you to furnish information in blank spaces, make a selection from a "Drop-down Box" or from a "List". The application also contains "Yes" or "No" selections, selections that will lead you to another section of the application, and "Tables" to be filled out. Examples follow:

Example 1: Information requested by submittal of responses in "blank" spaces -

Applicant Name: Job or Position Title:

Mailing Address:

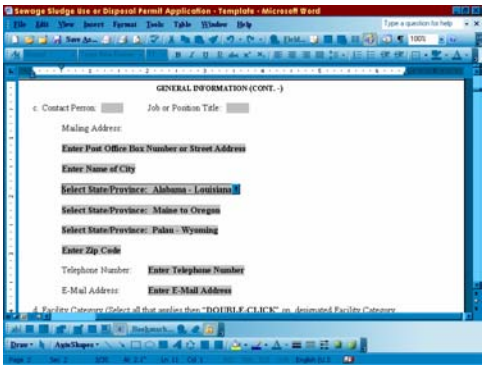
Enter Post Office Box Number or Street Address

Enter Name of City

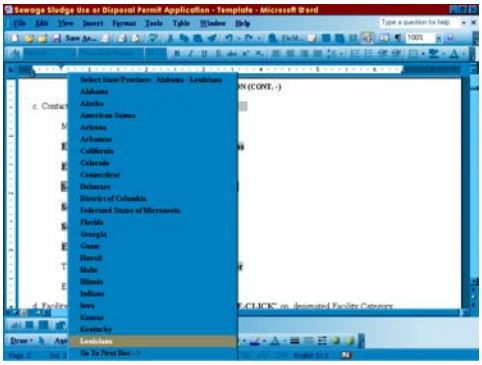
Example 2: Selection of your state or province will be through a "Drop-Down" Menu -

Select State/Province: Alabama - Louisiana

You will have to click on the appropriate "State/Province" box →



Then, click on the appropriate state to make your selection →



Example 3: Selection from a list of choices -

Some list will require you to "Select all that applies"…

Type of sewage sludge that will be handled at this facility (**Select all that applies**):

☐ Sludge from **POTW** or **POSWTF**

☐ Domestic Septage

☐ Portable Toilet Waste

…and some will limit you to "Select only one"

Select from the following choices, the treatment level for **Pollutants** (**Select only one**):

☐ Tables 1 & 2 of LAC 33:IX.6903.D

☐ Tables 1 & 3 of LAC 33:IX.6903.D

☐ Tables 1 & 4 of LAC 33:IX.6903.D

Example 4: "☐ Yes or ☐ No" Selection boxes -

Does the facility meet the following buffer zones in **(b).i and (b).ii**?

i. 1,200 feet from any aircraft's approach or departure airspace or *Air Operations Area* as defined in LAC 6901.I; or the distance called for by the U. S. Department of Transportation Federal Aviation Administration's airport design requirements for a facility that prepare or compost only sewage sludge or blend, mix, or compost sewage sludge and have only woodchips or yard waste (e.g., leaves, lawn clippings, or branches) as feed stock or supplements

☐ **Yes** ☐ **No**

ii. 5,000 feet from any airport property boundary (including any aircraft's approach or departure airspace or Air Operations Area) if the airport does not sell Jet-A fuel and serves only piston-powered aircrafts; or 10,000 feet from any airport property boundary (including any aircraft's approach or departure airspace or Air Operations Area) if the airport sells Jet-A fuel and serves turbine-powered aircrafts or sells Jet-A fuel and is designed to serve turbine-powered and/or piston-powered aircrafts for a facility that blend, mix, or compost sewage sludge that include food or other municipal solid waste as feed stock or supplements

☐ **Yes** ☐ **No**

Example 5: "☐ Yes or ☐ No" Selection boxes with additional questions or a requirement to submit additional material/information (usually as an "APPENDIX") -

Is the Facility located 200 feet from a property line?

☐ **Yes**

☐ **No** → Provide a copy of the notarized affidavit, of the adjoining landowners and occupants waiving the 200-foot buffer zone that was entered in the mortgage and conveyance records of the parish for the adjoining landowner's property as **APPENDIX SITE & OP – WAIVER PLB**.

Example 6: Selection and the subsequent requirement to "Double-Click" on a "LINK" to another section of the application in order to continue the application process.

There exist two types –

One type allows you to chose from a list of options; then instructs you to "Double-Click" on a "LINK"to continue the application process…

☐ Publicly Owned Treatment Works

Double-Click on SPECIFIC_FACILITY_INFO to continue the application process.

☐ Privately Owned Sanitary Wastewater Treatment Facility
(Includes Private and Commercial Businesses and Industrial or Petro-Chemical Facilities that treat their sanitary wastewater separate from any process wastewater.)

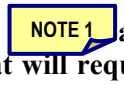
Double-Click on SPECIFIC_FACILITY_INFO to continue the application process.

☐ Commercial Preparer of Sewage Sludge (Includes a solidification/dewatering facility)

Double-Click on SPECIFIC_FACILITY_INFO to continue the application process.

…the other requires you to determine if your facility meets a certain criteria. If so, then you are instructed to "STOP" filling out the section you are presently in and "Double-Click" on a "LINK" to another section of the application in order to continue the application process.

If ***Grease Trap Waste*** is handled and mixed with sewage sludge at this facility, **STOP** filling out this section and **Double-Click** on → **GREASE_TRAP_WASTE to continue the application process**.

Example 7: Selection with a 

attached to it. This "NOTE" will direct you to a set of instructions that will require you to submit additional information (usually as an "APPENDIX") and/or direct you to a certain Item within the Section you are presently working in. It is very important that you read and follow the requirements of the "NOTE". You must submit all the information requested and follow the instructions given by the "NOTE" or your application will be deemed incomplete.

☐ Class B – Alternative 3 (See LAC 33:IX.6909.C.2.d) 

If **Exceptional Quality - Alternative 6** or **Class B - Alternative 3** is selected:

(1) Provide a copy of the Environmental Protection Agency's Pathogen Equivalency Committee Approval as **APPENDIX SPECIFIC FACILITY INFO – EPA/PEC**

(2) Provide a detailed description of the treatment process as **APPENDIX SPECIFIC FACILITY INFO – EPA/PEC/BTP** (Include maps, diagrams and schematics that are necessary to fully describe the location and flow of the treatment process.)

(3) Skip to Item "**p.**" below to continue the application process.

Example 8: Tables to be filled out. Laboratory analysis will be required on the sewage sludge and any material that will be added, blended, or mixed with the sewage sludge. The results must be reported in a "table" format with any additional information requested in the "table". Additionally, all sampling and analysis must be performed at a lab that has been approved and certified by the Department of Environmental Quality or your application will be deemed "unacceptable" and "incomplete" (See additional information regarding Laboratory Accreditation in "G. Laboratory Accreditation/Certifications Requirements", below.).

INDICATE THE TYPE OF SEWAGE SLUDGE			
POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

III. You must furnish all the information requested in each Section until you either are directed to "Jump" to another Section or you get to the "End" of a Section that will be indicated by the following symbols and wording → 

END "GENERAL INFORMATION" SECTION 

.

CAUTION: You should be instructed to "Jump" to another Section of the application prior to landing on the symbols. If you have not jumped to another Section prior to getting to the above symbols and wording, you will need to back track and determine where you need to "jump" to another Section.

The "complete" end of the application is achieved when you reach the symbols and wording below:

END OF PERMIT APPLICATION

The above symbols and wording will be on the "Certification and Signatory" page. You and the person who filled out your application (if performed by someone other than yourself) will have to "carefully" and "completely" read the "Certification Statement" and sign and date the application (See I. Signatures below for further information regarding "signatures".).

E. Proper Labeling & Placement of Appendices

Appendices must be tabbed and "properly" labeled with the name indicated in the permit application and sub-tabbed and further labeled with the "sub-name" indicated in the permit application.

As an example, the Appendix indicated as "APPENDIX SITE & OP – WAIVER PLB" in the application must be tabbed and first labeled as "APPENDIX SITE & OP"; then, it is to be further labeled and "sub-named" as "WAIVER PLB".

The appendix and all of its requested contents must be placed immediately after the Section for which it is being requested. In this example, "APPENDIX SITE & OP – WAIVER PLB" with its contents must be placed immediately following the Section entitled "SITTING AND OPERATION".

F. Air Quality Permit Application Submittal for the Owners/Operators of a Sewage Sludge Incinerator

In addition to submittal of the information requested in this "Sewage Sludge Use or Disposal" permit application, owners/operators of a sewage sludge incinerator must complete and submit with this application, the "Title V Permit Application Form and Emissions Inventory Questions". The "Title V Permit Application Form and Emissions Inventory Questions" and pertinent information regarding this form can be accessed by clicking on one of the Internet Sites below:

Title V Air Quality Permit Forms --> http://www.deq.louisiana.gov/Air.htm
then scroll down to and click on "Title V Permit Application Form and Emissions Inventory Questions (zip format)"

OR simply click on http://www.deq.louisiana.gov/permits/air/titlev5.zip in order to access the Form.

G. Laboratory Accreditation/Certifications Requirements

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

In the case where effluent testing was completed by an unaccredited laboratory, and where retesting is not possible (i.e. data reported on DMRs for prior month's sampling), the data generated will be considered invalid.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at → http://www.deq.louisiana.gov/laboratory/

Questions concerning the program may be directed to:

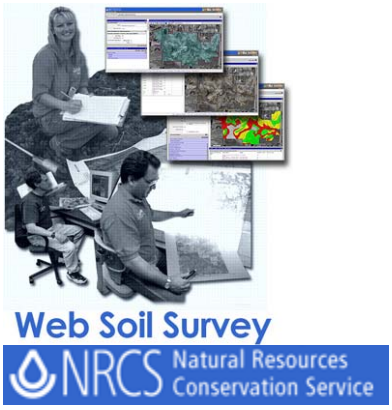
Laboratory Services Division
1209 Leesville Avenue
Baton Rouge, LA 70802
Email: mailto:deqlaboratory@LA.GOV
Phone: 225.219.9800
FAX: 225.219.9898

H. <u>Map Requirements and where to get them</u>

Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at http://map.deq.state.la.us/ or http://www.topozone.com/ . Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
mailto:maps@dotd.louisiana.gov

USDA Natural Resources Conservation Service Soil Survey Maps and Soils Information can be accessed at → http://websoilsurvey.nrcs.usda.gov/app/



DISCLAIMER: The data obtained is not designed for use as a primary regulatory tool in permitting or siting decisions, but may be used as a reference source. The data and their interpretations are intended for planning purposes only. This is public information and may be interpreted by organizations, agencies, units of government, or others based on needs; however, these entities are responsible for the appropriate use and application of the data. Federal, State, or local regulatory bodies are not to reassign to the Natural Resources Conservation Service any authority for the decisions that they make. The Natural Resources Conservation Service will not perform any evaluations of the reports for purposes related solely to State or local regulatory programs.

Digital data files are periodically updated. Reports are dated, and users are responsible for obtaining the latest version of the data.

I. Signatures

The following requirements shall apply to the signatory page in this application:

Signatories to permit applications and reports

A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
   (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
   (b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:
   (a) The chief executive officer of the agency, or
   (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.

2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under A or B shall make the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

J. Other Submittal Information

To prevent any unnecessary delay in the processing of your application, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. **ALL questions and requested information have been answered.**
2. **ALL required maps, drawings, lab analysis, and other reports are enclosed.**
3. **If your facility is an oxidation pond, aerated lagoon, or a constructed wetland system, a copy of the Louisiana Department of Health and Hospitals approval letter for the plans and specifications of this treatment facility must be supplied.**
4. **The appropriate person has signed the signatory page.**
5. **Submittal of two copies and the original (Colored-coded maps, schematics, designs, aerial photographs must be provided for the original and also the two copies) to the following address:**

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Environmental Services – Water & Wastes Permits Division
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-3050

ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE WATER & WASTE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.

K. Where the regulations can be obtained

Please be aware that on September 1, 2005 and Emergency Rule was signed and placed into effect that essentially transferred the regulating and permitting of the Use or Disposal of Sewage Sludge from the Solid Waste Regulations (LAC 33:VII) to Chapter 69 of LAC 33:IX.
The following Internet sites should get you to the location to access the proper new regulations regarding the use or disposal of sewage sludge:

(1) Emergency Rule→ http://www.deq.louisiana.gov/planning/regs/pdf/OS066E.pdf

(2) Water Regulations or LAC 33:IX →

http://www.deq.louisiana.gov/planning/regs/title33/33v09.doc (Go to Chapter 69)
OR
http://www.deq.louisiana.gov/planning/regs/title33/33v09.pdf (Go to Chapter 69)

You will have to combine the two to get the entire new set of regulations and updates.

To Begin Filling Out the Application, Double-Click Here → GENERAL INFORMATION

GENERAL_INFORMATION

Date	**Enter Date of Submittal of Application**	**Select One**:	☐ **Initial Permit**
Agency Interest Number:	**AI** **Enter Agency Interest#**		☐ **Permit Renewal**
			☐ **Existing Facility**

a. Facility Name:

Mailing Address:

Enter Post Office Box Number or Street Address

Enter Name of City

Select State/Province: Alabama - Louisiana

Select State/Province: Maine - Oregon

Select State/Province: Palau - Wyoming

Enter Zip Code

Enter Physical Address (911 or other Street Address -Not a Post Office Box Number)

b. Applicant Name:

Job or Position Title:

Mailing Address:

Enter Post Office Box Number or Street Address

Enter Name of City

Select State/Province: Alabama - Louisiana

Select State/Province: Maine to Oregon

Select State/Province: Palau - Wyoming

Enter Zip Code

Telephone Number: **Enter Telephone Number**

E-Mail Address: **Enter E-Mail Address**

Is the applicant the owner or operator (or both) of this facility?

Check One: ☐ Owner ☐ Operator ☐ Both

Should correspondence regarding this permit be directed to the facility or the applicant?

Check One: ☐ Facility ☐ Applicant

c. Contact Person: Job or Position Title:

Mailing Address:

Enter Post Office Box Number or Street Address

Enter Name of City

Select State/Province: Alabama - Louisiana

Select State/Province: Maine to Oregon

Select State/Province: Palau - Wyoming

Enter Zip Code

Telephone Number: **Enter Telephone Number**

E-Mail Address: **Enter E-Mail Address**

d. Facility Category (Select all that applies then "**DOUBLE-CLICK**" on designated Facility Category below the Selected Box to continue filling out the application.):

☐ Publicly Owned Treatment Works

Double-Click on SPECIFIC_FACILITY_INFO to continue the application process.

☐ Privately Owned Sanitary Wastewater Treatment Facility
(Includes Private and Commercial Businesses and Industrial or Petro-Chemical Facilities that treat their sanitary wastewater separate from any process wastewater.)

Double-Click on SPECIFIC_FACILITY_INFO to continue the application process.

☐ Commercial Preparer of Sewage Sludge (Includes a solidification/dewatering facility)

Double-Click on SPECIFIC_FACILITY_INFO to continue the application process.

☐ Commercial or Private Land Applier of Treated Sewage Sludge (Biosolids)

Double-Click on LAND_APPLICATION to continue the application process.

☐ Owner/Operator of a Sewage Sludge Incinerator

Double-Click on SITING_AND_OPERATION to continue the application process.

END "GENERAL INFORMATION" SECTION

Provide the following information for each Facility where sewage sludge is generated. Make extra copies of the "SPECIFIC_FORM_INFO" pages to address each facility that will generate and/or treat sewage sludge that is addressed in this permit application.

Is the sewage sludge generated at this facility sold or given away to a person or a facility that is not owned or operated by the applicant?

☐ Yes → **Double Click** on **SOLD_TO_OR_GIVEN_AWAY** **to continue the application process**.

☐ No → Complete the following:

a. Type of sewage sludge that will be handled at this facility (Select all that applies):

☐ Sludge from **POTW** or **POSWTF**
☐ Domestic Septage
☐ Portable Toilet Waste

b. Is ***Grease Trap Waste*** handled and mixed with sewage sludge at this facility? ☐ **Yes** ☐ **No**

If ***Grease Trap Waste*** is handled and mixed with sewage sludge at this facility, **STOP** filling out this section and **Double-Click** on → **GREASE_TRAP_WASTE** **to continue the application process**.

If ***Grease Trap Waste*** is not handled and mixed with sewage sludge at this facility, go on to "**c.**" **to continue the application process**.

c. **Enter the Tons/Yr of sewage sludge that is generated at your facility (Dry Weight Basis)** Tons/Yr

d. **Enter the Tons/Yr of sewage sludge that is received from off-site (Dry Weight Basis)** Tons/Yr

e. Is the sewage sludge that is received from off-site totally generated at a facility that is owned/operated by the applicant?

☐ **Yes**
☐ **No** → Provide responses to the following:

1. Name, address, owner/operator name, contact phone number, and the Tons/Yr received for each off-site location as **APPENDIX SPECIFIC FACILITY INFO – OFFSITE**.

2. Will the blending, composting, mixing, preparing, or treatment of sewage sludge received from an off-site facility that is not owned/operated by the applicant be performed for monetary profit or other financial consideration?

   ☐ **Yes** → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX SPECIFIC FACILITY INFO – FINANCIAL ASSURANCE**.

   ☐ **No**

f. Provide as **APPENDIX SPECIFIC FACILITY INFO – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of each of the types of sewage sludge that was selected in "**b.**", above, prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

g. Provide as **APPENDIX SPECIFIC FACILITY INFO – PCB** results of a "PCB" laboratory analysis of each of the types of sewage sludge that was selected in "**a.**", above, prior to mixing with any other material.

h. Provide as **APPENDIX SPECIFIC FACILITY INFO – POLLUTANTS** results of a laboratory analysis and the additional information requested for the pollutants listed in the Table that follows for each of the types of sewage sludge that was selected in "**a.**", above, prior to mixing with any other material:

INDICATE THE TYPE OF SEWAGE SLUDGE			
POLLUTANT	**CONCENTRATION (mg/kg dry weight)**	**ANALYTICAL METHOD**	**DETECTION LEVEL FOR ANALYSIS**
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

i. If any of the analysis reported in **f., g., and h.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX SPECIFIC FACILITY INFO – LAB**.

j. **Enter the Tons/year of sewage sludge that is treated at your facility (Dry Weight Basis)** Tons/Yr

k. Indicate the sewage sludge level of treatment that will be attained at this facility (Select either "Exceptional Quality" or "Non-exceptional Quality". Do not select both.):

☐ Exceptional Quality

☐ Non-exceptional Quality

l. Select from the following choices, the treatment level for **Pollutants** (Select only one):

☐ Tables 1 & 2 of LAC 33:IX.6903.D

☐ Tables 1 & 3 of LAC 33:IX.6903.D

☐ Tables 1 & 4 of LAC 33:IX.6903.D

m. Select from the following choices, the treatment level for **Vector Attraction Reduction** (Select only one):

☐ Thirty-eight percent (38%) reduction in the mass of volatile solids in the sewage sludge

☐ Specific Oxygen Uptake Rate of the sewage sludge will be less than or equal to 1.5 milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20° C.

☐ Treatment of the sewage sludge in an aerobic process for 14 days or longer where the temperature of the sewage sludge will be higher than 40° C at all times and the overall average temperature of the sewage sludge will be higher than 45° C.

☐ The pH of the sewage sludge shall be raised to 12 or higher by a one-time alkali addition and will remain at 12 or higher for an additional two hours without further alkali addition. The pH of the sewage sludge shall remain at 11.5 or higher for an additional 22 hours.

☐ The percent solids content of sewage sludge will be equal to or greater than seventy-five percent (75%) prior to mixing with other materials for sewage sludge that does not contain unstabilized solids generated in a primary wastewater treatment process.

☐ The percent solids content of sewage sludge will be equal to or greater than ninety percent (90%) prior to mixing with other materials for sewage sludge that contains unstabilized solids generated in a primary wastewater treatment process.

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **injected** below the surface of the land within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **incorporated** into the soil within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge will be **injected** below the surface of the land and no significant amount of the sewage sludge shall be present on the land surface within one hour after the sewage sludge is injected.

☐ Sewage sludge will be **incorporated** into the soil within six hours after application to the land.

n. Select from the following choices, the treatment level for **Pathogens** (Select only one):

☐ Exceptional Quality – Alternative 1 (See LAC 33:IX.6909.C.1.c) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 2 (See LAC 33:IX.6909.C.1.d) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 3 (See LAC 33:IX.6909.C.1.e) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 4 (See LAC 33:IX.6909.C.1.f) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 5 (See LAC 33:IX.6909.C.1.g) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 6 (See LAC 33:IX.6909.C.1.h) NOTE 1

☐ Class B – Alternative 1 (See LAC 33:IX.6909.C.2.b) → Go to Item "**o.**"

☐ Class B – Alternative 2 (See LAC 33:IX.6909.C.2.c) → Go to Item "**o.**"

☐ Class B – Alternative 3 (See LAC 33:IX.6909.C.2.d) NOTE 1

NOTE 1 If **Exceptional Quality - Alternative 6** or **Class B - Alternative 3** is selected:

(1) Provide a copy of the Environmental Protection Agency's Pathogen Equivalency Committee Approval as **APPENDIX SPECIFIC FACILITY INFO – EPA/PEC**

(2) Provide a detailed description of the treatment process as **APPENDIX SPECIFIC FACILITY INFO – EPA/PEC/BTP** (Include maps, diagrams and schematics that are necessary to fully describe the location and flow of the treatment process.)

(3) Skip to Item "**p.**" below to continue the application process.

o. Sewage Sludge Treatment Process (Check all that applies and respond to the questions and requirements for each Treatment Process that pertains to your facility):

☐ **Oxidation Pond/Aerated Lagoon/Constructed Wetland System**

Provide a detailed description of the treatment process as **APPENDIX SPECIFIC FACILITY INFO – OP/AL/CWLS** (Include maps, diagrams and schematics that are necessary to fully describe the location and flow of the treatment process.).

Indicate as to whether or not the Oxidation Pond, Aerated Lagoon, or constructed wetland system is adequately lined (natural soils or artificial liner) for ground water protection:

☐ **Yes** → Provide, as **APPENDIX SPECIFIC FACILITY INFO – GWP**, documentation by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) that indicates that the area where the pond or lagoon is located will adequately protect against potential ground water contamination either by natural soil or by a synthetic liner that has a hydraulic conductivity of $1x10^{-7}$ centimeters per second or less and adequately protect against the potential to contaminate an aquifer. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **No** → Provide as **APPENDIX SPECIFIC FACILITY INFO – GWP**, a detailed explanation, documented by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) as to how the ground water and aquifer will be adequately protected against potential contamination. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **Air Drying/Drying Beds**

Provide a detailed description of the drying bed(s) as **APPENDIX SPECIFIC FACILITY INFO – AD/DB** (Include maps, diagrams and schematics that are necessary to fully describe the location and handling of the air drying/drying beds operation. Include in the description time (in months), and the ambient average daily temperature for the months that the sewage sludge will undergo the air drying/drying bed process. Also include in the description a discussion as to how stormwater runoff and run-on will be prevented or controlled.).

☐ **Belt Press**

Provide a detailed description of the belt press operation as **APPENDIX SPECIFIC FACILITY INFO – BP** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location and handling of the belt press operation.).

☐ **Solidification & De-watering**

Provide a detailed description of the solidification & de-watering operation as **APPENDIX SPECIFIC FACILITY INFO – S&DW** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location, process flow, and handling of the solidification & de-watering process.).

☐ **Anaerobic Digestion**

Provide a detailed description of the anaerobic digestion process as **APPENDIX SPECIFIC FACILITY INFO – AND** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the anaerobic digestion process. Include adequate documentation to show that the appropriate anaerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Aerobic Digestion**

Provide a detailed description of the aerobic digestion process as **APPENDIX SPECIFIC FACILITY INFO – AED** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the aerobic digestion process. Include adequate documentation to show that the aerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Thermal Treatment**

Provide a detailed description of the thermal treatment operation as **APPENDIX SPECIFIC FACILITY INFO – TT** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the thermal treatment process. Include calculations to document an accurate determination of the "time & temperature" requirements and how all sewage sludge particles will meet the appropriate time and temperature requirements.).

☐ **Alkaline Treatment/Lime Stabilization**

Provide a detailed description of the alkaline treatment process as **APPENDIX SPECIFIC FACILITY INFO – AT/LS** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the alkaline treatment process. Include documentation to show how all sewage sludge particles will meet the appropriate pH value and time requirements.).

☐ **Composting**

☐ Within-Vessel

☐ Static Aerated Pile

☐ Windrow

Provide a detailed description of the composting operation as **APPENDIX SPECIFIC FACILITY INFO – COMPOST/General** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the composting operation. Include calculations to document an accurate determination of the "time & temperature" requirements and how all sewage sludge particles will meet the appropriate time and temperature requirements.).

Provide a list and detailed description of all Feedstocks or Supplements that will be blended, mixed, and composted with the sewage sludge as **APPENDIX SPECIFIC FACILITY INFO – Feedstock/Supp** [For each Feedstock or Supplement, include all laboratory results to (1) prove that the feedstock or supplement is non-hazardous by a hazardous waste determination in accordance with LAC 33:Part V and/or 40 CFR Part 261 and (2) to show that the level of Polychlorinated biphenyls (PCB's) is less than 50 milligrams per kilogram of total solids (dry weight basis)].

☐ **Heat Drying**

Provide a detailed description of the thermal treatment operation as **APPENDIX SPECIFIC FACILITY INFO – HD** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the thermal treatment process. Include documentation as to how the process will meet the "time & temperature" and "moisture content" requirements.).

☐ **Heat Treatment**

Provide a detailed description of the heat treatment process as **APPENDIX SPECIFIC FACILITY INFO – HT** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the heat treatment process. Include documentation that will insure that "time & temperature" requirements will be attained.).

☐ **Thermophilic Aerobic Digestion**

Provide a detailed description of the thermophlic aerobic digestion process as **APPENDIX SPECIFIC FACILITY INFO – TAD** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the thermophlic aerobic digestion process. Include adequate documentation to show that the aerobic conditions and the appropriate retention time & temperature requirements will be maintained.).

☐ **Beta or Gamma Ray Irradiation**

☐ Beta Ray Irradiation

☐ Gamma Ray Irradiation

Provide a detailed description of the irradiation treatment process as **APPENDIX SPECIFIC FACILITY INFO – IRR** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and operation of the irradiation treatment process. Include adequate documentation to show that the dosages and temperature requirements will be maintained.).

☐ **Pasteurization**

Provide a detailed description of the pasteurization treatment process as **APPENDIX SPECIFIC FACILITY INFO – P** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the pasteurization treatment process. Include adequate documentation to show that the time & temperature requirements will be maintained.).

p. **Enter the Tons/year of treated sewage sludge (Biosolids) that is produced at your facility (Dry Weight Basis)** Tons/Yr

q. Storage:

Will untreated sewage sludge be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → Number of Months of Storage Months NOTE 2

☐ **No**

Will treated sewage sludge (Biosolids) be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → Number of Months of Storage Months NOTE 2

☐ **No**

NOTE 2 If the response to any of the questions in "**q.**", above, is "**Yes**", then provide a detailed description of the storage process as **APPENDIX SPECIFIC FACILITY INFO – STORAGE** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the storage process. Include adequate documentation to show that stormwater run-on, stormwater runoff, and infiltration will be prevented or controlled. Stormwater run-on and runoff protection shall be based upon a 24-hour/25-year storm event.).

r. Provide as **APPENDIX SPECIFIC FACILITY INFO – OTHER REQUIREMENTS**, a description of how the following will be addressed:

1. Collection, treatment, and disposal of leachate, vehicle and equipment wash-down water, or other contaminated wastewater that will be generated during the sewage sludge treatment process.

2. Odor control.

s. Is the applicant a **(1)** POTW and **(2)** the Sewage Sludge Treatment Facility is located outside of the perimeters of or at a separate location of the POTW?

In order to select "Yes", both conditions (1) and (2) in "s." must apply.

☐ **Yes → Double-Click** on → **SITING_AND_OPERATION** **to continue the application process**.

☐ **No →** 1. Provide a copy of the **Facility Operations and Maintenance Manual** as **APPENDIX SPECIFIC FACILITY INFO - POTW O&P**, (The O & P Manual must describe, in specific detail, how the sewage sludge and the other feedstock or supplements to be blended, composted, or mixed with the sewage sludge will be managed during all phases of processing operations. **See LAC 33:IX.6905.B.1.a.ii for a list of the minimum items that the O & P Manual must address**.)

2. **Double-Click** on → **DISPOSAL_OR_LAND_APPLICATION** **to continue the application process**.

END "SPECIFIC_FACILITY_INFO" SECTION

a. **Enter the Tons/Yr of sewage sludge that is generated at your facility (Dry Weight Basis)** Tons/Yr

b. **Enter the Tons/Yr of grease trap waste that is generated at your facility (Dry Weight Basis)** Tons/Yr

c. **Enter the Tons/Yr of sewage sludge that is received from off-site (Dry Weight Basis)** Tons/Yr

d. **Enter the Tons/Yr of grease trap waste that is received from off-site (Dry Weight Basis)** Tons/Yr

e. Is the sewage sludge or grease trap waste that is received from off-site totally generated at a facility that is owned/operated by the applicant?

☐ **Yes** → Go on to "**f**" below to continue the application process.

☐ **No** → 1. Provide the names, address, owner/operator name, contact phone number, and the Tons/Yr received for each off-site location as **APPENDIX GREASE TRAP WASTE – Offsite**.

2. Will the blending, composting, mixing, preparing, or treatment of the sewage sludge and grease trap waste that is received from an off-site facility that is not owned/operated by the applicant be performed for monetary profit or other financial consideration?

☐ **Yes** → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX GREASE TRAP WASTE – Financial Assurance**.

☐ **No** → Go on to "**f**" to continue the application process.

f. Provide as **APPENDIX GREASE TRAP WASTE – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of the sewage sludge prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

g. Provide as **APPENDIX GREASE TRAP WASTE – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of the grease trap waste prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

h. Provide as **APPENDIX GREASE TRAP WASTE – PCB** results of a "PCB" laboratory analysis of the sewage sludge, prior to mixing with any other material.

i. Provide as **APPENDIX GREASE TRAP WASTE – PCB** results of a "PCB" laboratory analysis of the grease trap waste, prior to mixing with any other material.

j. If any of the analysis reported in **g., h., and i.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX SPECIFIC FACILITY INFO – LAB**.

k. **Enter the Tons/Yr of combined sewage sludge and grease trap waste that is treated at this facility (Dry Weight Basis)** Tons/Yr

l. Treatment Process (Check all that applies and respond to the questions and requirements for each Treatment Process that pertains to your facility):

☐ **Oxidation Pond/Aerated Lagoon/Constructed Wetland System**

Provide a detailed description of the treatment process as **APPENDIX GREASE TRAP WASTE – OP/AL/CWLS** (Include maps, diagrams and schematics that are necessary to fully describe the location and flow of the treatment process.).

Is the Oxidation Pond, Aerated Lagoon, or constructed wetland system adequately lined (natural soils or artificial liner) for ground water protection?

☐ **Yes** → Provide, as **APPENDIX GREASE TRAP WASTE – GWP**, documentation by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) that indicates that the area where the pond or lagoon is located will adequately protect against potential aquifer contamination either by natural soil or by a synthetic liner that has a hydraulic conductivity of $1x10^{-7}$ centimeters per second or less and adequately protect against the potential to contaminate an aquifer. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **No** → Provide as **APPENDIX GREASE TRAP WASTE – GWP**, a detailed explanation, documented by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) as to how the groundwater and aquifer will be adequately protected against potential contamination. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **Air Drying/Drying Beds**

Provide a detailed description of the drying bed(s) as **APPENDIX GREASE TRAP WASTE – AD/DB** (Include maps, diagrams and schematics that are necessary to fully describe the location and handling of the air drying/drying beds operation. Include in the description time (in months), and the ambient average daily temperature for the months that the sewage sludge and grease trap waste will undergo the air drying/drying bed process. Also include in the description a discussion as to how stormwater runoff and run-on will be prevented or controlled.).

☐ **Belt Press**

Provide a detailed description of the belt press operation as **APPENDIX GREASE TRAP WASTE – BP** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location and handling of the belt press operation.).

☐ **Solidification & De-watering**

Provide a detailed description of the solidification/dewatering process as **APPENDIX GREASE TRAP WASTE – S&DW** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location, process flow, and handling of the process.).

☐ **Anaerobic Digestion**

Provide a detailed description of the anaerobic digestion process as **APPENDIX GREASE TRAP WASTE – AND** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the anaerobic digestion process. Include adequate documentation to show that the appropriate anaerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Aerobic Digestion**

Provide a detailed description of the aerobic digestion process as **APPENDIX GREASE TRAP WASTE – AED** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the aerobic digestion process. Include adequate documentation to show that the aerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Alkaline Treatment/Lime Stabilization**

Provide a detailed description of the alkaline treatment process as **APPENDIX GREASE TRAP WASTE – AT/LS** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the alkaline treatment process. Include documentation to show how all sewage sludge and grease trap waste particles will meet the appropriate pH value and time requirements.).

m. **Double Click** on → **SITING_AND_OPERATION to continue the application process**.

END "GREASE TRAP WASTE" SECTION

Complete the following information for each facility where sewage sludge will be blended, composted, mixed, prepared, or treated. Make extra copies if needed to cover each facility.

a. Siting Distances (Buffer Zones):

1. Is the Facility located 200 feet from a property line?

☐ **Yes**

☐ **No** → Provide a copy of the notarized affidavit, of the adjoining landowners and occupants waiving the 200-foot buffer zone that was entered in the mortgage and conveyance records of the parish for the adjoining landowner's property as **APPENDIX SITE & OP – WAIVER PLB**.

2. Is the Facility located within the boundaries of a legally zoned and established Industrial Park?

☐ **Yes** → Provide documentation that the Facility is located within the boundaries of a legally zoned and established Industrial Park as **APPENDIX SITE & OP – IP** (The documentation must include a signed legal document and maps showing the location of the Industrial Park.) .

☐ **No** NOTE 3

NOTE 3 If the selection is "**No**", indicate if the Facility meets the following buffer zones in **2.i – 2.iv**?

i. 500 feet from an established home residence –

☐ **Yes**

☐ **No** → Provide a copy of the special notarized affidavit that was executed by the owner granting waiver of the 500 feet buffer down to 200 feet as **APPENDIX SITE & OP – WAIVER HOME**.

ii. 1,000 feet from an established school, hospital, institution, day-care facility, nursing home, hotel/motel, playground, park, golf course or restaurant/food establishment -

☐ **Yes**

☐ **No** → Provide a copy of the special notarized affidavit that was executed by a qualified representative of the established school, hospital, institution, day-care facility, nursing home, hotel/motel, playground, park, golf course or restaurant/food establishment granting waiver of the 1,000 feet buffer down to 200 feet as **APPENDIX SITE & OP – WAIVER OTHER B**.

iii. 300 feet from a private potable water supply or a private water supply elevated or ground storage tank –

☐ **Yes**

☐ **No** → Provide a copy of the special permission that was granted by the private water supply or private water supply elevated or ground storage tank owner that allows the locating of the Facility at a distance of less than 300 feet from a private potable water supply or a private water supply elevated or ground storage tank **APPENDIX SITE & OP – WAIVER PRIVATE H_2O**.

iv. 300 feet from a public potable water supply or a public water supply elevated or ground storage tank –

☐ **Yes**

☐ **No** → Provide a copy of the special permission that was granted by the Department of Health and Hospitals that allows the locating of the Facility at a distance of less than 300 feet from a public potable water supply or a public water supply elevated or ground storage tank **APPENDIX SITE & OP – WAIVER PUBLIC H_2O**.

3. Is this facility located on an airport property?

☐ **Yes** → (a) Provide a copy of the approval from the U.S. Department of Transportation's Federal Aviation Administration (FAA) as **APPENDIX SITE & OP – FAA**.

(b) Does the facility meet the following buffer zones in **(b).i and (b).ii**?

i. 1,200 feet from any aircraft's approach or departure airspace or *Air Operations Area* as defined in LAC 6901.I; or the distance called for by the U. S. Department of Transportation Federal Aviation Administration's airport design requirements for a facility that prepare or compost only sewage sludge or blend, mix, or compost sewage sludge and have only woodchips or yard waste (e.g., leaves, lawn clippings, or branches) as feed stock or supplements

☐ **Yes** ☐ **No**

ii. 5,000 feet from any airport property boundary (including any aircraft's approach or departure airspace or Air Operations Area) if the airport does not sell Jet-A fuel and serves only piston-powered aircrafts; or 10,000 feet from any airport property boundary (including any aircraft's approach or departure airspace or Air Operations Area) if the airport sells Jet-A fuel and serves turbine-powered aircrafts or sells Jet-A fuel and is designed to serve turbine-powered and/or piston-powered aircrafts for a facility that blend, mix, or compost sewage sludge that include food or other municipal solid waste as feed stock or supplements ☐ **Yes** ☐ **No**

☐ **No**

4. Is the facility located 100 feet from a wetlands, surface waters (streams, ponds, lakes), or areas historically subject to overflow from floods? ☐ **Yes** ☐ **No**

5. Is the facility located in, or within 1,000 feet of the following? (Select all that applies)

☐ **Swamps, marshes, wetlands** → Provide as **APPENDIX SITE & OP – CORPS OF ENGINEERS** a copy of the correspondence(s) from the Department of the Army/US Corps of Engineers that indicates that the facility will have no effects on these sites.

☐ **Estuaries, wildlife-hatchery areas, habitat of endangered species** → Provide as **APPENDIX SITE & OP – WILDLIFE & FISHERIES** a copy of the correspondence(s) from the Louisiana Department of Wildlife & Fisheries and the U.S. Fish & Wildlife Services that indicates that the facility will have no effects on these sites.

☐ **Archaeological, historical, cultural, or other sensitive ecological sites** → Provide as **APPENDIX SITE & OP – CRT** a copy of the correspondence(s) from the Louisiana Department of Culture, Recreation, and Tourism that indicates that the facility will have no effects on these sites.

6. Will untreated sewage sludge and/or supplement or feedstock material to be utilized at the facility be located less than 25 feet from a subsurface drainage pipe or drainage ditch that discharges directly to waters of the state? ☐ **Yes** ☐ **No**

b. Storage:

1. Will untreated sewage sludge be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → Number of Months of Storage Months NOTE 4

☐ **No**

2. Will treated sewage sludge (Biosolids) be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → Number of Months of Storage Months NOTE 4

☐ **No**

3. Will "supplements", "feedstock", or "fillers" be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → Number of Months of Storage Months NOTE 4

☐ **No**

NOTE 4 If the response to any of the questions in "**b.**", above is "**Yes**", then provide a detailed description of the storage process as **APPENDIX SITE & OP – S** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the storage process. Indicate the length of time that treated sewage sludge will be stored at the facility. Include adequate documentation to show that stormwater run-on, stormwater runoff, and infiltration will be prevented or controlled. Stormwater run-on and runoff protection shall be based upon a 24-hour/25-year storm event.)

c. Provide, as **APPENDIX SITE & OP – SIGNS**, an artist design, photo, or copy of signs that will be posted around the facility perimeter. At the minimum, the signs must contain the Name of the Facility, Contact Person, Contact Telephone Number, Emergency Telephone Number, Hours of Operation, and Types of Materials that will be handled at this facility.

d. Provide a copy of the **Facility Operations and Maintenance Manual** as **APPENDIX SITE & OP – FACILITY O&P MANUAL**. (The O & P Manual must describe, in specific detail, how the sewage sludge and the other feedstock or supplements to be blended, composted, or mixed with the sewage sludge will be managed during all phases of processing operations. **See LAC 33:IX.6905.B.1.a.ii for a list of the minimum items that the O & P Manual must address**.)

e. Provide as **APPENDIX SITE & OP – CLOSURE PLAN**, a detailed explanation of how Closure will be addressed for this facility (See **LAC 33:IX.6905.B.3** for the proper closure requirements.)

f. Select only one of the choices below and "**Double-Click**" on the designated link to continue filling out the permit application form:

☐ POTW, POSWTF, or Commercial Preparer of Sewage Sludge and ***Grease Trap Waste*** is handled and mixed with sewage sludge at this facility → **Double-Click** on **MSWL** **to continue the application process**.

☐ Owner/Operator of a Sewage Sludge Incinerator → **Double Click** on **INCINERATION** **to continue the application process**.

☐ None of the above → **Double Click** on **DISPOSAL OR LAND APPLICATION** **to continue the application process**.

END "**SITING AND OPERATION**" SECTION

Select One Use or Disposal Practice then "**DOUBLE-CLICK**" on the **Underlined** Use or Disposal Practice below the selected box to continue the application process:

☐ **Disposal in a Municipal Solid Waste Landfill → Double Click** on **MSWL** **to continue application process**.

☐ **Land Application of Biosolids** (Includes the utilization of Biosolids as "daily", "interim", and "final" cover.) – Indicate the quality of Biosolids by selecting one of the following:

☐ Exceptional Quality Biosolids

Enter the amount of Exceptional Quality Biosolids that is annually produced at this facility in Tons/Year on a Dry Weight Basis → Amount of Exceptional Quality Biosolids (Tons/Yr) Tons/Year → **Double Click** on → **TRANSPORTATION** **to continue the application process**.

☐ Non-exceptional (Class B) Biosolids

(1) Enter the amount of Non-exceptional Quality Biosolids that is annually produced at this facility in Tons/Year on a Dry Weight Basis → Amount of Non-exceptional Quality Biosolids (Tons/Yr) Tons/Year

(2) Will the Biosolids be sold, given away, or transferred to another person or to a facility that is not owned or operated by the applicant for further treatment and/or use?

☐ Yes → **Double Click** → on **SOLD_TO_OR_GIVEN_AWAY** **to continue the application process**.

☐ No → **Double Click** → on **LAND_APPLICATION** **to continue the application process**.

END "DISPOSAL_OR_LAND_APPLICATION" SECTION

(1) **Enter Name of Person and/or Facility**

(2) **Enter Address of Person and/or Facility**

(3) **Enter Telephone Number of Person and/or Facility**

(4) Provide as **APPENDIX SOLD TO OR GIVEN AWAY – REQUIRED INFORMATION TO ANOTHER USER** a discussion of how the requirements at **LAC 33:IX.6903.C.1.a** are met.

(5) **Double Click on →** **TRANSPORTATION** to continue the application process.

END "SOLD_TO_OR_GIVEN_AWAY" SECTION

Provide the information requested in "MSWL" for each Municipal Solid Waste Landfill where sewage sludge from your facility is disposed. If more than one Municipal Solid Waste Landfill is utilized for the disposal of sewage sludge from your facility, make extra copies of "MSWL" to address each Municipal Solid Waste Landfill.

a. **Provide the Name of the Municipal Solid Waste Landfill**

Mailing Address:

Enter Post Office Box Number or Street Address

Enter Name of City

Select State/Province: Alabama - Louisiana

Select State/Province: Maine to Oregon

Select State/Province: Palau - Wyoming

Enter Zip Code

Enter Physical Address (911 or other Street Address -Not a Post Office Box Number)

Contact Person:

Job or Position Title:

Mailing Address:

Enter Post Office Box Number or Street Address

Enter Name of City

Select State: Alabama - Louisiana

Select State: Maine to Oregon

Select State: Palau - Wyoming

Enter Zip Code

Enter Telephone Number

Enter E-Mail Address

Is the Contact Person the owner or operator (or both) of the Municipal Solid Waste Landfill?

Check One: ☐ Owner ☐ Operator ☐ Both

b. Provide the following Permit Numbers for this Municipal Solid Waste Landfill (Type in N/A if the Municipal Solid Waste Landfill does not possess the requested Permit.):

Solid Waste Permit Number

Hazardous Waste Permit Number

Louisiana Pollutant Discharge Elimination System (LPDES) Permit Number

Air Quality Permit Number

c. If the Municipal Solid Waste Landfill is located in a state other than Louisiana, provide the following Permit Numbers (Type in N/A if the Municipal Solid Waste Landfill does not possess the requested Permit.):

Solid Waste Permit Number

Hazardous Waste Permit Number

Wastewater Discharge Permit Number

Air Quality Permit Number

e. Provide documentation (Signed letter from the Municipal Solid Waste Landfill Owner/Operator) that this Municipal Solid Waste Landfill is capable and willing to accept the sewage sludge from your facility. Provide this information as **APPENDIX MSWL - A** of this permit application.

f. **Enter the Tons/year of sewage sludge disposed at this Landfill (Dry Weight Basis)** Tons/Yr

g. Submit, with this application as **APPENDIX MSWL - B**, documentation that the sewage sludge meets the applicable requirements for disposal in this Municipal Solid Waste Landfill. Documentation shall include, but is not limited to, the following:

- A determination that the sewage sludge is non-hazardous by a hazardous waste determination in accordance with LAC 33:Part V and/or 40 CFR Part 261.
- A determination that the sewage sludge level of Polychlorinated biphenyls (PCB's) is less than 50 milligrams per kilogram of total solids (dry weight basis).
- A determination that the sewage sludge does not contain "free liquids" as defined by Method 9095 (Paint Filter Liquids Test), as described in "*Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods*" (**EPA Pub. No. SW-846**).

h. If any of the analysis reported in **g.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX MSWL – LAB**.

i. **Click on →** **TRANSPORTATION** to continue the application process.

END "MSWL" SECTION

(Complete this section for each individual Land Application Site – Make extra copies to address each individual site.)

a. Select one of the following → ☐ Commercial Land Applier → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX LAND APPLICATION – FINANCIAL ASSURANCE**

☐ Private Land Applier

b. Provide the Name of the Facility or Supplier where the Biosolids that will be land applied at this site was obtained (If more than one facility or supplier, list each facility or supplier.) → **Name of Source of Biosolids**

c. Provide the Name of a Contact Person for each Facility or Supplier where the Biosolids were obtained → **Name of Contact Person**

d. Provide a Telephone Number of the Contact Person for each Facility or Supplier where the Biosolids were obtained → **Contact Telephone Number**

e. Indicate the parameter(s) that prevents the Biosolids from being classified as "Exceptional Quality" (Select all that applies.):

☐ Pollutants (Unable to meet the ceiling concentration levels in **Table 1 of LAC 33:IX.D.2.a** and the pollutant concentration levels in **Table 3 of LAC 33:IX.D.2.c**)

☐ PCB (PCB level is greater than or equal to 10 mg/kg of total solids (dry weight basis)

☐ Pathogens (Unable to meet one of the pathogen requirements in **LAC 33:IX.6909.C.1**)

☐ Vector Attraction Reduction (Unable to meet one of the Vector Attraction Reduction requirements in **LAC 33:IX.6909.D.2.a - .h**)

f. Provide the Name of the Owner of the Land Application Site → **Name of Property/Site Owner**

g. Provide the Address of the Owner of the Land Application Site → **Address of Owner of Property/Site**

h. Provide the Contact Telephone Number of the Owner of the Land Application Site (If the phone number is "Unlisted" or "Restricted"; then, indicate as such in the blank space afforded → **Telephone Number of Property Owner**

i. Provide a "Physical Address" for the Land Application Site → **Physical Address of the Land Application Site**

j. Provide the Latitude and Longitude of the Land Application Site → **Degrees° Minutes' Seconds"**

Indicate how the Latitude and Longitude were determined (source of determination) →

k. Provide the Section, Township, and Range of the Land Application Site →

Section Township → Select either "East" ☐ or "West" ☐

Range → Select either "North" ☐ or "South" ☐

Indicate how the Section, Township, and Range were determined (source of determination) →

l. Provide documentation, in the form of a "signed" agreement that the owner of the land application site has agreed to the land application of Biosolids on his/her property, as **APPENDIX LAND APPLICATION – AGREEMENT**

m. Locate and delineate out this Land Application Site on an aerial photograph and/or topographic sheet and include the delineated aerial photograph and/or topographic sheet as **APPENDIX LAND APPLICATION – SITE LOCATION**

n. Provide a full description of all the soil types for this land application site as **APPENDIX LAND APPLICATION – SOIL CHARACTERISTICS** [The information **must** include, but is not limited to: **(a)** soil name, **(b)** soil type, **(c)** soil texture to a depth of five (5) feet, **(d)** Soil analysis for Total Kjeldahl nitrogen (**TKN**), Nitrogen, Phosphorus, Potassium, pH, and Cation Exchange Capacity (**CEC**), **(e)** soil infiltration rate, **(f)** soil permeability to a depth of five (5) feet, **(g)** slope class/percent slope, **(h)** annual high water table depth for each month of the year, and **(i)** the delineation of the soil on an aerial photograph. The information can be obtained from: (1) The "official" USDA Natural Resources Conservation Service published Soil Survey of the Parish or Parishes where this land application site is located; or, (2) Through an "official" on-site determination that is signed and documented by a certified Soil Scientist, Soil Taxonomist, Soil Classifier or "official" USDA Natural Resources Conservation Service Parish Representative.]

o. If any of the soil analysis reported in **m.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX LAND APPLICATION – LAB**.

p. Provide a copy of the "Nutrient Management Plan" that was developed for this Land Application Site as **APPENDIX LAND APPLICATION – NUTRIENT MANAGEMENT PLAN**.

q. Provide documentations and calculations for determination of "**Agronomic Rate**" for this Land Application Site as **APPENDIX LAND APPLICATION – AGRONOMIC RATE**.

r. Describe the type of equipment that will be utilized for application of the Biosolids at this Land Application Site as **APPENDIX LAND APPLICATION – EQUIPMENT**. Include in the description, a discussion as to how the equipment will be calibrated to apply the Biosolids at the calculated Agronomic Rate for this Land Application Site.

s. Vector Attraction Reduction

If applicable, select the Vector Attraction Reduction Method that will be utilized by the land applier at this Land Application Site from the list below:

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **injected** below the surface of the land within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **incorporated** into the soil within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge will be **injected** below the surface of the land and no significant amount of the sewage sludge shall be present on the land surface within one hour after the sewage sludge is injected.

☐ Sewage sludge will be **incorporated** into the soil within six hours after application to the land.

t. Buffer Zones:

Does the location of the Land Application Site or the actual land application of the Biosolids meet the following buffer zones?

1. 100 feet from the property boundary –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special permission that was granted by the property owner that allows the land application of Biosolids at a distance of less than 100 feet from the property boundary as **APPENDIX LAND APPLICATION – PROPERTY BOUNDARY**.

2. 500 feet from an established home residence –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special notarized affidavit that was executed by the owner granting waiver of the 500 feet buffer down to 200 feet as **APPENDIX LAND APPLICATION – WAIVER HOME**.

3. 1,000 feet from an established school, hospital, institution, business, day-care facility, nursing home, hotel/motel, playground, park, golf course, or restaurant/food establishment –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the copy of the special permission that was granted by a qualified representative of the established school, hospital, institution, day-care facility, nursing home, hotel/motel, playground, park, golf course, restaurant/food establishment, or an established home residence that allows the land application of Biosolids at a distance of less than 1,000 feet as **APPENDIX LAND APPLICATION – WAIVER OTHER PROPERTY**.

4. 300 feet from a private potable water supply or a private water supply elevated or ground storage tank –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special permission that was granted by the private water supply or private water supply elevated or ground storage tank owner that allows the land application of Biosolids at a distance of less than 300 feet from a private potable water supply or a private water supply elevated or ground storage tank as **APPENDIX LAND APPLICATION – WAIVER PRIVATE H_2O**.

5. 300 feet from a public potable water supply or a public water supply elevated or ground storage tank –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special permission that was granted by the Department of Health and Hospitals that allows the land application of Biosolids at a distance of less than 300 feet from a public potable water supply or a public water supply elevated or ground storage tank **APPENDIX LAND APPLICATION – WAIVER PUBLIC H_2O**.

u.Storage:

Will treated sewage sludge (Biosolids) be stored at this facility?

☐ **Yes** → 1. Indicate the length of time (in months) → Number of Months of Storage Months

2. Provide a detailed description of the storage process as **Appendix LAND APPLICATION - STORAGE** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the storage process. Indicate the length of time that treated sewage sludge (Biosolids) will be stored at this Land Application Site. Include adequate documentation to show that stormwater run-on, stormwater runoff, and infiltration will be prevented or controlled. Stormwater run-on and runoff protection shall be based upon a 24-hour/25-year storm event.)

3. **Click on →** **TRANSPORTATION** to continue the application process.

☐ **No → Click on →** **TRANSPORTATION** to continue the application process.

END "LAND APPLICATION" SECTION

INCINERATION

Complete for each individual incinerator that will be utilized for the incineration of sewage sludge (Make extra copies for each incinerator.).

a. **Enter the Tons/Yr of sewage sludge that is generated at your facility (Dry Weight Basis)** Tons/Yr

b. **Enter the Tons/Yr of sewage sludge that is received from off-site (Dry Weight Basis)** Tons/Yr

c. Is the sewage sludge that is received from off-site totally generated at a facility that is owned/operated by the applicant?

☐ **Yes**

☐ **No** → Provide responses to the following:

1. Name, address, owner/operator name, contact phone number, and the Tons/Yr received for each off-site location as **APPENDIX INCINERATION – Offsite**.

2. Will the preparing, treatment, and incineration of the sewage sludge received from an off-site facility that is not owned/operated by the applicant be performed for monetary profit or other financial consideration?

   ☐ **Yes** → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX INCINERATION – FINANCIAL ASSURANCE**.

   ☐ **No**

d. Provide as **APPENDIX INCINERATION – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of the sewage sludge prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

e. Provide as **APPENDIX INCINERATION – PCB** results of a "PCB" laboratory analysis of the sewage sludge prior to mixing with any other material.

f. Provide as **APPENDIX INCINERATION – POLLUTANTS** results of a laboratory analysis of the sewage sludge prior to incineration and the additional information requested for the pollutants listed in the following Table:

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
LEAD			
NICKEL			

g. **Amount Fired:**

Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:
dry metric tons

h. **Beryllium NESHAP:**

Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31?

☐ **Yes** → 1. Provide as **APPENDIX INCINERATION – BERYLLIUM NESHAP**, information, test data, and description of measures taken that demonstrate that the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

2. Provide as **APPENDIX INCINERATION – BERYLLIUM NESHAP**, a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

☐ **No** → Provide as **APPENDIX INCINERATION – BERYLLIUM NESHAP**, information, test data, and description of measures taken that demonstrate that the sewage sludge incinerated is <u>not</u> beryllium-containing waste, and will continue to remain as such.

i. **Mercury NESHAP:**

How is compliance with the mercury NESHAP being demonstrated?

☐ Stack testing → If stack testing is conducted, provide as **APPENDIX INCINERATION – MERCURY NESHAP**, the following information:

1. A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

2. Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

☐ Sewage sludge sampling → If sewage sludge sampling is used to demonstrate compliance, Provide as **APPENDIX INCINERATION – MERCURY NESHAP** a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet the mercury NESHAP emission rate limit.

j. **Dispersion Factor:**

1. Dispersion factor, in micrograms/cubic meter per gram/second:

2. Name and type of dispersion model:

3. Provide as **APPENDIX INCINERATION – DISPERSION FACTOR**, a copy of the modeling results and supporting documentation.

k. **Control Efficiency:**

1. Provide the Control Efficiency, in hundredths, for the following pollutants:

   Arsenic:

   Chromium:

   Nickel:

   Cadmium:

   Lead:

2. Provide as **APPENDIX INCINERATION – CONTROL EFFICIENCY**, a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

l. **Risk Specific Concentration for Chromium:**

1. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter:

2. Which basis was used to determine the RSC?

   ☐ **Table 2** in **LAC 33:IX.6911.D** → Identify the type of incinerator used as the basis:

      ☐ Fluidized bed with wet scrubber

      ☐ Fluidized bed with wet scrubber and wet electrostatic precipitator

      ☐ Other types with wet scrubber

      ☐ Other types with wet scrubber and wet electrostatic precipitator

   ☐ **Equation 6** in **LAC 33:IX.6911.D** (site-specific determination) → Provide the following:

      a. Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:

      b. Provide as **APPENDIX INCINERATION – CHROMIUM**, results of the incinerator stack tests for hexavalent and total chromium concentrations [Include date(s) of test.].

m. **Incinerator Parameters:**

1. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas?

   ☐ **Yes** ☐ **No**

2. Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas?
   ☐ **Yes** ☐ **No**

3. Incinerator type:

4. Incinerator stack height, in meters:

Indicate whether value submitted is: ☐ Actual stack height ☐ Creditable stack height

n. **Performance Test Operating Parameters:**

1. Maximum Performance Test Combustion Temperature:

2. Performance test sewage sludge feed rate, in dry metric tons/day:

i. Indicate whether the value submitted is: ☐ Average use ☐ Maximum design

ii. Provide as **APPENDIX INCINERATION – FEED RATE**, supporting documents describing how the feed rate was calculated.

3. Provide as **APPENDIX INCINERATION – PERFORMANCE TEST**, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

o. **Monitoring Equipment:**

List the equipment in place to monitor the following parameters:

1. Total hydrocarbons or carbon monoxide:

2. Percent oxygen:

3. Moisture content:

4. Combustion temperature:

5. Other:

p. **Air Pollution Control Equipment:**

List all air pollution control equipment used with this sewage sludge Incinerator: **List All Air Pollution Control Equipment**

q. If any of the analysis reported in **d.**, **e.**, **f.**, **i.**, **k.**, and **l.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX INCINERATION – LAB**.

r. **Click on →** **TRANSPORTATION** to continue the application process.

END "INCINERATION" SECTION

Is raw, untreated sewage sludge transported to this facility from an off-site location?

☐ **Yes** → 1. Are you the owner of the vehicles being utilized for the transportation of the raw, untreated sewage sludge?

☐ **Yes**

(a) **Either** (i) complete and submit a Transporter Notification Form to the Office of Environmental Services, Water and Waste Permits Division **or** (ii) provide as **APPENDIX TRANSPORT – TRANSPORTER LICENSE**, a copy of your Transporter's License and Number that was obtained from the Office of Environmental Service, Water and Waste Permits Division.

(b) Provide as **APPENDIX TRANSPORT – VEHICLE**, documentation to assure that the vehicles are in compliance with the following requirements:

(i) The regulations and licensing of the Department of Transportation and Development and with applicable local ordinances governing weight and size for the roads and streets that must be traveled during the transporting of sewage sludge.

(ii) The bodies of vehicles will be covered at all times, except during loading and unloading, in a manner that prevents rain from reaching the sewage sludge, inhibits access by vectors, prevents the sewage sludge from falling or blowing from the vehicle, minimizes escape of odors, and does not create a nuisance.

(iii) The bodies of vehicles that are utilized to transport liquefied sewage sludge or a sewage sludge that is capable of producing a leachate will be constructed and/or enclosed with an appropriate material that will completely prevent the leakage or spillage of the liquid.

☐ **No**

(a) Provide either the name of the transporter or the name of the transporter company

(b) Provide the address of the transporter or transporter company

(c) Provide the name of the contact person of the transporter company

(e) Provide the contact telephone number of the transporter or transporter company

2. **Click on → ENVIRONMENTAL IMPACT QUESTIONAIRE to continue the application process.**

☐ **No → Click on → ENVIRONMENTAL IMPACT QUESTIONAIRE to continue the application process.**

END **"TRANSPORTATION"** SECTION

There is no requirement that the information furnished in response to this questionnaire be certified by a professional engineer or other expert. However, simple **"yes"** or **"no"** answers **will not be acceptable**. A measured response should be given for each question posed, taking into consideration appropriate factors such as: the environmental sensitivity of the area, both for the proposed site and alternative sites; impacts on the economy of the area, both favorable and unfavorable; availability of raw materials, fuels and transportation and the impact of potential sites on their availability and economics; relationship of the facility to other facilities, either within or independent of the company, and the effects of location on these relationships; and other factors which may be appropriate on a case-by-case basis. **(Attach any additional pages if needed.)**

a. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – A**, a detailed discussion demonstrating that the potential and real adverse environmental effects of the proposed facility have been avoided to the maximum extent possible [Determine any "potential" effects that the project may have upon human health and/or the environment – Air Quality, Surface Waterbodies, Drinking water supplies, Soils & Crops, Potential adverse effects on children and the elderly, Economy of the area. If any "potential" effects exist, explain how they will be avoided to the "maximum" extent possible (Address each "potential" effect separately.). If no "potential" effects should exist, there is a need to indicate that no human health and/or environmental adverse effects exist and provide some "documented" support as to why none exist. Indicate any benefits that will be derived from the project with regards to any environmental or human health issues. Provide any documentation that will support the benefits that will be derived from the project.].

b. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – B**, a cost benefit analysis that balances the environmental-impact costs against the social and economic benefits of the facility and demonstrates that the latter outweighs the former (If any "potential" adverse effects to human health and/or the environment should exist, provide adequate documentation to show that they will be outweighed by any social & economic benefits. Demonstrate the social & economic benefits that will be derived from the project. Provide any documentation that will support the benefits. If no "potential" adverse effects to human health and/or the environment exist, demonstrate any benefits that will be derived from the project that will further enhance the social & economic status of the area. Provide any documentation that will support the benefits that will be derived from the project.).

c. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – C**, a discussion and description of possible alternative projects which would offer more protection to the environment than the proposed facility without unduly curtailing non-environmental benefits [Survey and evaluate, in detail, as many alternative sewage sludge use or disposal projects as possible - More than one project must be evaluated. List all the projects evaluated. Indicate, in detail the reasons why the particular project was chosen above the other projects that were evaluated (Indicate the reasons why the alternative projects were not feasible.)].

d. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – D**, a detailed discussion of possible alternative sites which would offer more protection to the environment than the proposed facility site without unduly curtailing non-environmental benefits [Survey and evaluate, in detail, as many alternative sites for the projects as possible - More than one site must be evaluated. List all the sites evaluated. Indicate, in detail the reasons why the particular site was chosen above the other sites that were evaluated (Indicate the reasons why the alternative sites were not feasible.)].

e. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – E**, a discussion and description of mitigating measures which would offer more protection to the environment than the facility as proposed without unduly curtailing non-environmental benefits (Indicate any additional measures, other than documented "mitigating measures" that you are willing to undertake which goes beyond the minimum requirements of the regulations that will afford increased protection of human health and/or the environment. Give supporting documentation as to why these measures will afford increased protection of human health and/or the environment.).

f. **Click on → LAC_33_I_1701_REQUIREMENTS to continue the application process.**

END "ENVIRONMENTAL_IMPACT_QUESTIONAIRE" SECTION

a. Does this facility possess environmental permits in the State of Louisiana?

☐ **Yes** → Provide the following Permit Numbers for this facility (Type in N/A if this Facility does not possess the requested Permit.):

Air Quality Permit Number: **Enter Air Quality Permit Number**

Hazardous Waste Permit Number: **Enter Hazardous Waste Permit Number**

Louisiana Pollutant Discharge Elimination System (LPDES) Permit Number: **Enter LPDES Permit Number**

Solid Waste Permit Number: **Enter Solid Waste Permit Number**

Sewage Sludge Use or Disposal Permit Number: **Enter Sewage Sludge Use or Disposal Permit Number**

☐ **No** → Go to **Item** "**b.**"

b. Does your company or you have federal or state environmental permits in states other than Louisiana that are identical to, or of a similar nature to, the permit for which you are submitting this application form? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ **Yes** → Provide the name of the state(s) and the following Permit Numbers for each state (Type in N/A if your company or you do not possess the requested Permit.):

Air Quality Permit Number: **Enter Air Quality Permit Number**

Hazardous Waste Permit Number: **Enter Hazardous Waste Permit Number**

Wastewater Discharge Permit Number: **Enter LPDES Permit Number**

Solid Waste Permit Number: **Enter Solid Waste Permit Number**

Sewage Sludge Use or Disposal Permit Number: **Enter Sewage Sludge Use or Disposal Permit Number**

☐ **No** → Go to **Item** "**c.**"

c. Do you owe any outstanding fees or final penalties to the Department?

☐ **Yes** → Provide a detailed explanation as **APPENDIX LAC 33:I.1701 – OUT FEES/PENALITY**.

☐ **No** → Go to **Item** "**d.**"

d. Is your company a corporation or limited liability company?

☐ **Yes** → Is the corporation or LLC registered with the Secretary of State?

☐ **Yes** → 1. Provide a copy of the registration as **APPENDIX LAC 33: I.1701 – REGISTRATION**.

2. **Click on →** **CERTIFICATION AND SIGNATURE** **to complete the application process.**

☐ **No → Click on →** **CERTIFICATION AND SIGNATURE** **to complete the application process.**

☐ **No → Click on →** **CERTIFICATION AND SIGNATURE** **to complete the application process.**

END "LAC_33_I_1701_REQUIREMENTS" SECTION

Print out this sheet, read the "Certification Statement", fill out the sheet as indicated, sign and date and attach to the completed application form.

Certification → Sign the certification statement that follows:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title: Name and Official Title of Applicant

Signature _____

Telephone number: Applicant Telephone Number

Date signed: Date of Signature

If the application was completed by a person other than the applicant or a consultant "officially" representing the applicant, complete the following:

Name and Official Title: Name and Official Title of Person who filled out the application for the applicant

Name of Firm/Organization/Business: Name of Firm, Organization, or Business of the Person who filled out the application for the applicant

Signature _____

Telephone number: Telephone Number of the Person who filled out the application for the applicant

Date signed: Date of Signature

Professional License Number or "Official" Seal: License Number of the Person who filled out the application for the applicant or **Affix "Official" Seal Here →**

END **"CERTIFICATION AND SIGNATURE"** SECTION

END OF **PERMIT APPLICATION**